

**DHRM OFFICE OF WORKERS' COMPENSATION
VIDEO LIBRARY CHECKOUT REQUEST FORM**

Agency Requesting Video: _____ Agency No.: _____

Agency Contact (name/title) _____

Phone No.: _____

Address: _____

Attention: _____

Method of delivery/return (check one):

☐ Requesting Agency will Pick-up/ Drop off by (name: _____)

☐ Inter-Agency Mail

☐ U.P.S. (Insure for \$ 80 per tape) Please note your billing Account No: _____

☐ Other(Please Specify) _____

The following videos have been requested (Video Name):

TERMS & CONDITIONS:

Videos subject to availability. Please indicate alternate choices in order of preference. Every effort will be made to honor requests on a first come basis. Please limit requests to 2 videos at a time. Additional videos may be requested with prior approval by phone. Please return videos as soon as possible after use. Undue delays in returning videos may result in loss of borrowing privileges. Borrowing agencies will be charged replacement costs for damaged or lost videos. Replacement costs are subject to current market value.

ACCEPTANCE:

The above terms and conditions have been read and are accepted.

(Signature) (Anticipated Return Date)

The form can be faxed to The Workers' Compensation Program @ 804-786-8840.

If you have any questions, please call 804-786-4128.

OWC USE ONLY:

Ship Date: _____ Return Date: _____